

UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

FORM APPROVED
OMB NO. 1004-0137
Expires July 31, 2010

SUNDRY NOTICES AND REPORTS ON WELLS

Do not use this form for proposals to drill or to re-enter an abandoned well. Use Form 3160-3 (APD) for such proposals.

JUL 25 2014

RECEIVED

5. Lease Serial No.
NM 29760

6. If Indian, Allottee or Tribe Name

SUBMIT IN TRIPLICATE - Other instructions on page 2

7. If Unit or CA/Agreement, Name and/or No.
Carracas Unit

1. Type of Well
 Oil Well Gas Well Other

8. Well Name and No.
Carracas Unit - ER - 102

2. Name of Operator
Energen Resources Corporation

9. API Well No.
30-039-24349

3a. Address
2010 Afton Place, Farmington, NM 87401

3b. Phone No. (include area code)
(505) 325-6800

10. Field and Pool, or Exploratory Area
Basin Fruitland Coal

4. Location of Well (Footage, Sec., T., R., M., or Survey Description)
SHL: 1675' FSL 1190' FEL Sec. 11 T32N R5W (I)NE/SE

11. County or Parish, State
Rio Arriba NM

12. CHECK APPROPRIATE BOX(ES) TO INDICATE NATURE OF NOTICE, REPORT, OR OTHER DATA

TYPE OF SUBMISSION	TYPE OF ACTION		
<input type="checkbox"/> Notice of Intent	<input type="checkbox"/> Acidize	<input type="checkbox"/> Deepen	<input type="checkbox"/> Production (Start/Resume)
<input checked="" type="checkbox"/> Subsequent Report	<input type="checkbox"/> Alter Casing	<input type="checkbox"/> Fracture Treat	<input type="checkbox"/> Reclamation
<input type="checkbox"/> Final Abandonment Notice	<input type="checkbox"/> Casing Repair	<input type="checkbox"/> New Construction	<input type="checkbox"/> Recomplete
	<input type="checkbox"/> Change Plans	<input type="checkbox"/> Plug and Abandon	<input type="checkbox"/> Temporarily Abandon
	<input type="checkbox"/> Convert to Injection	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Water Disposal
			<input type="checkbox"/> Water Shut-Off
			<input type="checkbox"/> Well Integrity
			<input checked="" type="checkbox"/> Other
			Annual BHP Report/
			MIT

13. Describe Proposed or Completed Operation (clearly state all pertinent details, including estimated starting date of any proposed work and approximate duration thereof. If the proposal is to deepen directionally or recomplete horizontally, give subsurface locations and measured and true vertical depths of all pertinent markers and zones. Attach the Bond under which the work will be performed or provide the Bond No. on file with BLM/BIA. Required subsequent reports shall be filed within 30 days following completion of the involved operations. If the operation results in a multiple completion or recompletion in a new interval, a Form 3160-4 shall be filed once testing has been completed. Final Abandonment Notices shall be filed only after all requirements, including reclamation, have been completed, and the operator has determined that the final site is ready for final inspection.)

Energen converted the subject well to a POW on 8/20/2008. Part of the requirement for POW status is annual BHP reports. Attached to this subsequent report is a chart showing our data obtained beginning in 2013 through 2014. Also, a MIT was performed on 7/8/14 with a NMOC representative on site.

Energen would like to request to continue with POW status on the well until the next reporting period end date of August 20, 2015.

Max Pressure = 852.550 psig

Max Temperature = 125.190 F

ACCEPTED FOR RECORD

OIL CONS. DIV DIST. 3

AUG 05 2014

JUL 31 2014

FARMINGTON FIELD OFFICE
BY: J. Sellers

14. I hereby certify that the foregoing is true and correct
Name (Printed/Typed)

Anna Stotts

Title Regulatory Analyst

Signature

Anna Stotts

Date 07/24/14

THIS SPACE FOR FEDERAL OR STATE OFFICE USE

Approved by

Title

Date

Conditions of approval, if any, are attached. Approval of this notice does not warrant or certify that the applicant holds legal or equitable title to those rights in the subject lease which would entitle the applicant to conduct operations thereon.

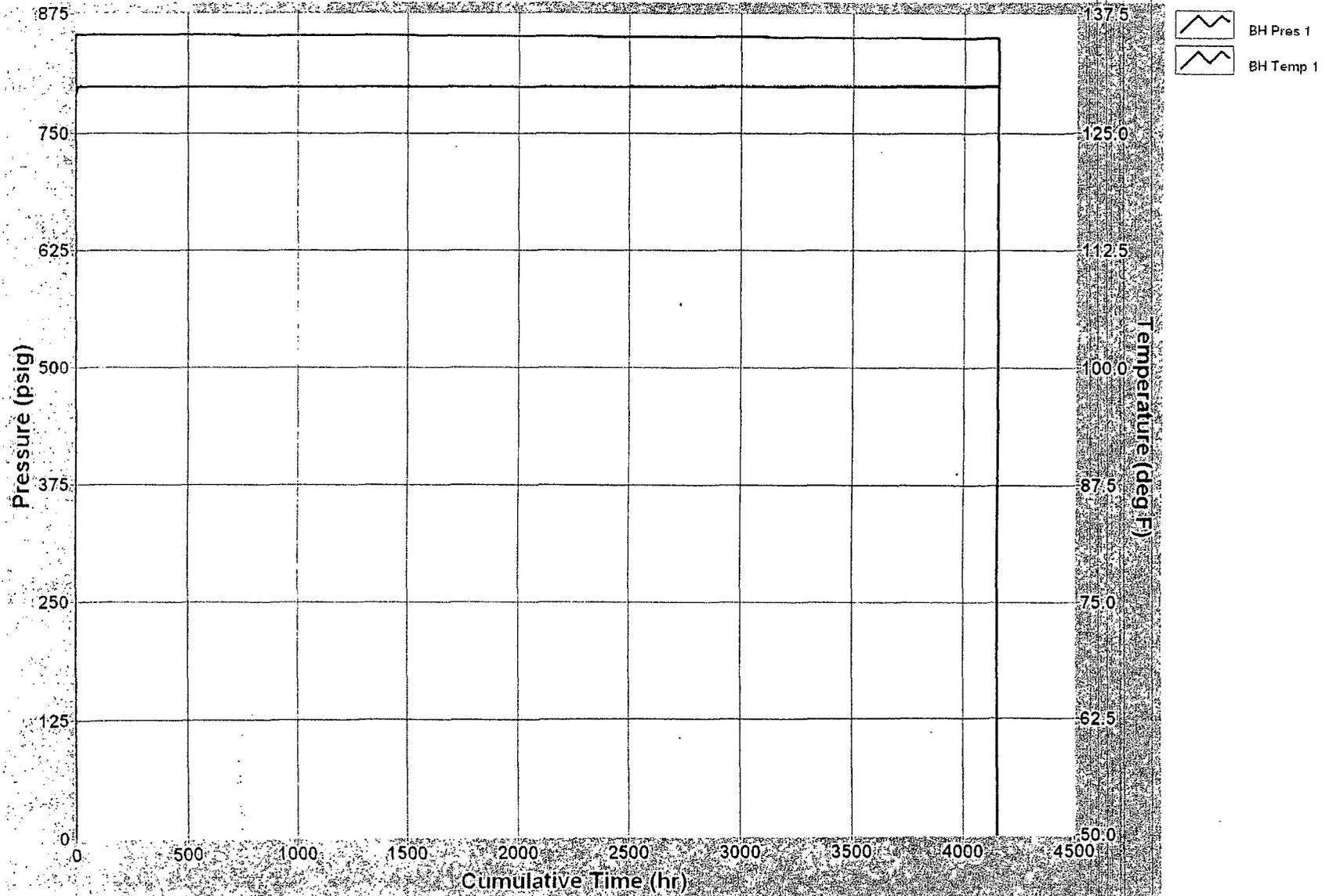
Office

NMOCDA

5

Company Name ENERGEN RESOURCES
Well Name CARRACAS UNIT FR 102
Type of Test BUILDUP
Date(s) of Test 10/24/13 TO 4/15/14

Carracas Unit FR 102





NEW MEXICO ENERGY, MINERALS and NATURAL RESOURCES DEPARTMENT

MECHANICAL INTEGRITY TEST REPORT

(TA OR UIC)

Date of Test 7-8-14 Operator Eugen Res API # 30-0 39-24349

Property Name Canaan Mt. FR Well # 102 Location: Unit / Sec // Twn 32 Rge S

Land Type:

State _____
Federal _____
Private _____
Indian _____

Well Type:

Water Injection _____
Salt Water Disposal _____
Gas Injection _____
Producing Oil/Gas _____
Pressure observation

Temporarily Abandoned Well (Y/N): (N) TA Expires: 7-8-2019

Casing Pres. 0 Tbg. SI Pres. _____ Max. Inj. Pres. _____
Bradenhead Pres. 0 Tbg. Inj. Pres. _____
Tubing Pres. 800
Int. Casing Pres. VIA

OIL CONS. DIV DIST. 3

JUL 08 2014

Pressured annulus up to 560 psi. for 35 mins. Test passed/failed

REMARKS:

packed test 4084
-(top) pres 4136

dropped slts & held last 15 mins.

By [Signature]
(Operator Representative)

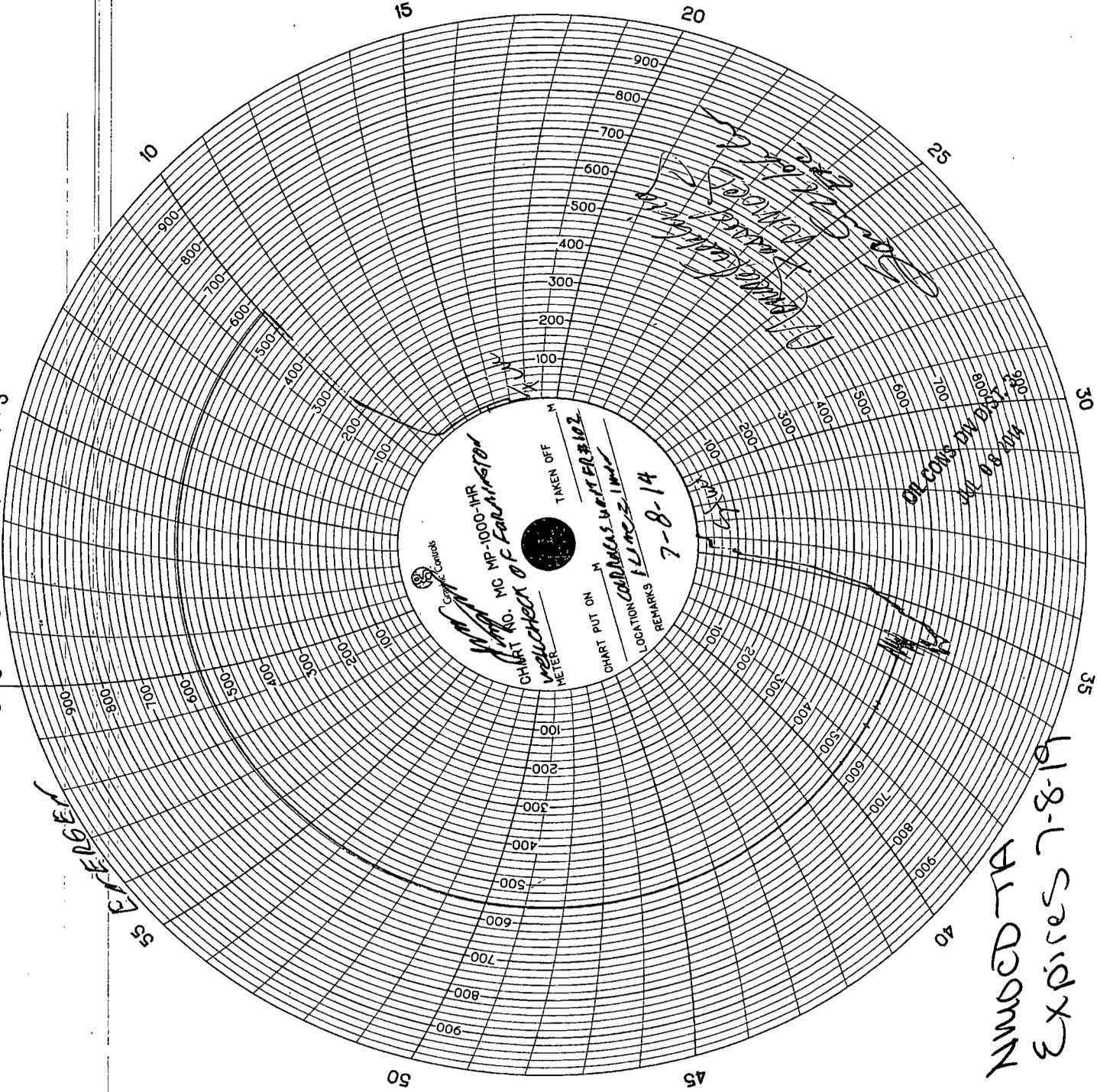
Witness _____
(NMOCD)

(Position)

Revised 02-11-02

30-039-7434A 5

55
EMERGENCY



NUMCD-TA
Expires 7-8-19



NEW MEXICO ENERGY, MINERALS
& NATURAL RESOURCES DEPARTMENT

OIL CONSERVATION DIVISION
AZTEC DISTRICT OFFICE
1000 RIO BRAZOS ROAD
AZTEC NM 87410
(505) 334-6178 FAX: (505) 334-6170
<http://emnrnd.state.nm.us/ocd/DistrictIII3district.htm>

BRADENHEAD TEST REPORT

(submit 1 copy to above address)

Date of Test 7-8-14 Operator Emergentes API #30-0 39-24349

Property Name Caracas W. FR Well No. 102 Location: Unit ___ Section 11 Township 32 Range 5

Well Status (Shut-In or Producing) Initial PSI: Tubing 800 Intermediate N/A Casing 0 Bradenhead 0

OPEN BRADENHEAD AND INTERMEDIATE TO ATMOSPHERE INDIVIDUALLY FOR 15 MINUTES EACH

PRESSURE

Testing TIME	Bradenhead			INTERM	
	BH	Int	Csg	Int	Csg
5 min	0		0		
10 min	0		0		
15 min	0		0		
20 min					
25 min					
30 min					

FLOW CHARACTERISTICS
BRADENHEAD INTERMEDIATE

Steady Flow	
Surges	
Down to Nothing	
Nothing	
Gas	OIL CONS. DIV DIST. 3
Gas & Water	JUL 08 2014
Water	

If bradenhead flowed water, check all of the descriptions that apply below:

CLEAR ___ FRESH ___ SALTY ___ SULFUR ___ BLACK ___

5 MINUTE SHUT-IN PRESSURE BRADENHEAD 0 INTERMEDIATE N/A

REMARKS: Nothing when opened.

By [Signature]

Witness [Signature]

(Position)

E-mail address _____